MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 09/744085 APPLICANT(S)

FILING DATE

CLAIMS

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* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Barbara Campibali Nedional Stage Processing (703) 305-3831

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FORM PTO-1.180 (REV, 3-78)

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